MINUTES

Patient-Centered Health Advisory Council

Iowa Hospital Association
Friday, May 20th, 2016
9:30 – 3:00

Members Present
Chris Atchison
Melissa Bernhardt
David Carlyle
Marsha Collins
Judith Collins
Anna Coppola
Sarah Dixon
Chris Espersen
Leah McWilliams
Linda Meyers
Brenda Payne
Susan Pike (Tara Underwood-Levin)
Kady Reese
Peter Reiter
John Swegle
Bill Stumpf

Members Absent
Charles Bruner
Anne Hytrek
Petra Lamfers
Tom Newton
Patty Quinlisk
Trina Radske-Suchan
Dave Smith
John Stites

Others Present
Abby Less
Andrea Bryan
Angie Doyle Scar
Anthony Pudlo
Cari Spear
Deb Kazmerzak
Deborah Thompson
Frann Otte
Gloria Vermie
Jeff McKinney
Kala Shipley
Karilynne Lenning
Katie Jones
Katie McBurney
Kelsey Clark
Kent Ohms
Laurene Hendricks
Lindsay Buechel
Marni Bussell
Molly Lopez
Pam Lester
Patty Funaro
Sylvia Navin

Meeting Materials

- Agenda
- Patient-Centered Health Advisory Council Recommendations
- Iowa Medicaid Program Updates PPT
- Legislative Update 2016
- Marketplace Outreach and Enrollment PPT
- SIM- Community-Based Performance Improvement PPT
- SIM- Population Health- C3 PPT
- SIM- SWAN PPT
- SIM- Value-Based Purchasing PPT

***Patient-Centered Health Advisory Council Website:**
http://idph.iowa.gov/ohct/advisory-council

Topic	Discussion

SIM Update/ Value-Based Purchasing
 	
Marni Bussell
 	
PowerPoint:
SIM- Value-Based Purchasing PPT
	Value-Based Purchasing
	• An introduction was given on the national effort to shift the U.S. health care system from paying for volume to paying for value. The U.S. is an outlier compared to other industrialized nations with the U.S. spending far greater on health care. Additionally, life expectancy in the U.S fails by comparison to the other industrialized nations.
	• In January of 2015, U.S. Department of Human Services (HHS) Secretary, Sylvia M. Burwell, announced measurable goals and a timeline to move the Medicare program, and health system at-large, toward paying providers based on quality, rather than the quantity of care given to patients. This announcement is based on the Triple Aim: Better Care, Smarter Spending, and Healthier People.
	• The goal is for 85% of Medicare fee-for service payments to be tied to quality or value by 2016, and 30% of Medicare payments tied to quality or value through alternative payment models by 2016 (50% by 2018). The first goal was met at the beginning of 2016.
	• The three strategies to drive progress are:
	  ○ Incentive to reward high-quality health care
	  ○ Improving the way care is delivered
	  ○ Accelerate availability of information to guide decision making
	• To help reinforce this direction, legislation was introduced regarding Medicare Access & CHIP Reauthorization Act of 2015 (MACRA) including MIPS (Merit-Based Incentive Payment System) & Alternative Payment Models (APMs). This represents the federal government's move to pay-for-performance incentives and increasing clinician accountability within fee-for-service. Clinicians are currently and will continue to be evaluated by various quality, cost and technology-based measures (outlined on slide 9). It will be critically important that clinicians not only understand but successfully report and achieve these measures in order to be rewarded financially for the care delivered to patients.
	• Dr. Carlyle emphasized that MACRA will be a huge issue for primary care and family physicians and it will be difficult to be a solo independent practitioner in the future. He proposed this to be an agenda item at the August meeting.
	• Staff followed up with Iowa Medical Society to get a profile of where the independent practices are located across Iowa. Iowa Medical Society has provided the Council with spreadsheet broken down by small independent, large independent, and hospital/system affiliated clinics (see attachment).
	
	State Innovation Model (SIM)
	• Numerous innovative initiatives have taken place over the past few years including the Health Home program, Iowa Health and Wellness Plan, Healthy Behaviors Program, State Innovation Model all of which feed into the Medicaid Modernization initiative.
	• SIM is a statewide initiative bringing together payers, providers, public health, and all populations to improve the health of Iowans, make healthcare in Iowa more affordable, and change how care is delivered to meet the needs of Iowans.
	• Iowa is one of 14 states selected to receive a SIM Round Two Test Award through CMS. Iowa was awarded $43.1 million over a four year period to focus on improving population health, transforming health care, and promoting sustainability. Iowa has four primary drivers that are the strategy behind the three aims and four goals of the Iowa SIM Program. The framework of the SIM Drivers Diagram illustrates this strategy. Access each of the drivers below to learn more.
	  1. Population Health Improvement
	  2. Care Coordination
	  3. Community-Based Performance Improvement
	  4. Value-Based Purchasing
	• By 2018, SIM will:
	  ○ Increase the percentage of adults smokers who have made a quit attempt by 5.1%

	○ Decrease the adult obesity prevalence rates by 2.9% ○ Increase the percent of adults with diabetes having two or more A1c tests by 4.1% ○ Reduce preventable ED Visits by 20% ○ Reduce preventable Readmissions by 20% ○ Increase amount of healthcare payments linked to value to reach 50% • Slides 18 and 19 list the major accomplishments from Iowa's SIM in year 1. • The SIM Operational Plan includes a drive diagram which is found on page 6. The Core Metrics and Accountability Targets are located on pages 8-10. The chart lists 23 metrics including the title of the metric and an accountability target for each year (if established). • In the Medicaid population, SIM is focusing on Value Based Purchasing by linking payment to value through the Managed Care Organizations (MCOs). Although each MCO may treat payment differently, they will all use the same quality measurement (Value Index Score (VIS)). Iowa Medicaid Enterprise (IME) will continue to support the ACOs in these arrangements with the MCO's by providing claims data and the use of the VIS dashboard. • IME has established a definition of value-based payment and qualifying criteria for determining eligible models. • Discussion took place on emergency room utilization. Dr. Reiter commented that the main reason people utilize the emergency room in his practice is because there is not urgent care or expanded hours. Many people cannot take time off their job to access care. Cari Spear commented that transportation is a huge issue and when patients can't get to regular appointments they often go to the emergency room. A question was asked if Medicaid has data on emergency room visits broken out by dental. IME does not have this data; however they stated that 71 percent of emergency room visited in Medicaid are preventable. • A question was asked how obesity and tobacco use data are reported. This data is self-reported though the Behavioral Risk Factor Surveillance System (BRFSS). • Judith Collins described the issue that inmates face gaining access to medications after being incarcerated. IME is working with the Iowa Department of Corrections to help them get medication while they are still incarcerated before they are released. It was clarified that while incarcerated, Medicaid benefits are suspended and their health care becomes the responsibly of the Department of Corrections. Further discussion took place about receiving substance abuse/mental health treatment while incarcerated. A number of programs were discussed that are currently available to help remedy some of these situations. The Council decided that this should be a future agenda topic. • Dr. Carlyle asked a question about members who are dual eligible (receiving both Medicare and Medicaid) and total cost of care when utilizing the emergency room. The primary insurance would be billed first therefore Medicaid would pay as the last resort.
Population Health/ Community Care Coalition (C3) *Kala Shipley* *PowerPoint:* *SIM- Population Health- C3 PPT*	• SIM Driver Diagram (found on page 6 of the SIM Operational Plan) distinguishes the Plan to Improve Population Health as a primary driver. Population health activities can be divided into three buckets: ○ Traditional clinical approaches ○ Innovative patient-centered care ○ Community-wide health • Slide 4 lays out a grid of Iowa's SIM focus- along the left are the statewide strategies/focus areas and along the top are supplemental areas of focus. • The Plan to Improve Population Health will include the Iowa SIM Statewide Strategies. As well as an actual written Plan to Improve Population Health (focusing on tobacco, diabetes, and obesity) by January 2019. Iowa's Plan to Improve Population Health will build off of the already existing Healthy Iowans plan. Healthy Iowans is the outcome of a statewide needs assessment involving public and private partners as well as individuals that have identified Iowa's health issues and are committed to making changes. Healthy

	Iowans includes a set of measurable goals with objectives/action steps. The Iowa Department of Public Health coordinates ongoing technical assistance, tracking yearly progress, and making revisions. It was decided that Healthy Iowans will be a topic at the August meeting. • Dr. Carlyle asked if Iowa's SIM will have a focus on access to health insurance since health insurance is becoming more difficult to acquire with less carriers in the health insurance marketplace and raising rates. The response was that the Community Care Coalitions (C3s) will definitely have a focus on access to health care. • A major emphasis in the SIM application is the development and advancement of Community Care Coalitions (C3s) across the state. Six C3s, spanning 20 counties, will engage in broad-based health care system reform over the next three years that will lead to better health outcomes and lower costs. Click here to view a map of the C3 grantee service areas, and here for an overview of all six projects. • C3s are locally-based coalitions of health and social service stakeholders collaborating to promote the coordination of health and social services across care settings and systems of care. The C3s will have two primary functions: 1. Addressing social determinants of health through care coordination: and 2. Implementing population-based, community applied interventions related to the Iowa SIM Statewide Strategies. • According to Healthy People 2020, social determinants of health are the conditions in the environments in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. They include economic stability, education, health and healthcare, neighborhood and built environment, social and community context. • A handout was distributed on the Centers for Disease Control and Prevention's 6/18 Initiative, which is targeting six common and costly health conditions – tobacco use, high blood pressure, healthcare-associated infections, asthma, unintended pregnancies, and diabetes – and 18 proven specific interventions to begin discussions with purchasers, payers, and providers. • Chris Atchison commented that there are numerous moving pieces with SIM and it would be helpful to have a visual/diagram to illustrate the moving parts. He also mentioned the importance of ensuring a focus on sustainability after the SIM grant funding ends. • Dr. Reiter commented that the C3s need local public health departments to succeed and expressed concern for counties that do not have local public health support/capacity to engage in C3s. Kala Shipley responded that the C3 grants intended to identify a community leader that doesn't necessarily need to be a local public health agency. Additionally, applicants can apply for a multicounty area and are able to choose from a developmental or implementation tract.
Statewide Alert Notification System (SWAN) *Andrea Bryan* *PowerPoint:* *SIM- SWAN PPT*	• Iowa's SIM is developing a technology infrastructure for a statewide network of hospital ADT (Admissions, Discharge, Transfer) data to provider real-time alerts to provider organizations in value-based payment arrangements. This system is known as SWAN, the Statewide Alert Notification system. These alerts inform providers during critical transitions of care which is a proven tool to achieve better healthcare utilization and outcomes. • SWAN was developed because care teams are not aware of patient hospitalization or discharge for prompt follow-up and it can be cumbersome for care teams to exchange the information and monitor performance. Additionally, care teams span multiple organizations, systems, and technical capabilities. Costs care no up the longer a provider is unaware that a patient was admitted to another emergency room or inpatient while traveling out-of-town. • "Smart Alerts" will be sent to providers with three use cases initially: ○ Emergency Department Discharge

	○ Inpatient Admission ○ Inpatient Discharge • These alerts must have enough information to act, must be timely, and must be used by care teams to improve outcomes. • Chris Espersen commented that the Smart Alerts need to have sufficient and appropriate information included and suggested that there be opportunity to modify what information is included as SWAN is being rolled out. Iowa has been working a few years to determine what information needs to be on the alerts and it will be a continual work in progress. • Rules are being drafted around what are the minimum data to trigger an alert for each of the use cases, and what data is optional, which means will be provided if available. • Ultimately, SWAN will connect all hospitals in Iowa to send ADT (Admission, Discharge, and Transfer) records to the Statewide Smart Alert engine. IME provides the patient lists for the system to use to route Event Alerts. Care Coordinators will be set up to receive and use to improve health outcomes. • SWAN is starting with Medicaid patients who have a primary care provider assigned to them. They are working with around 124,000 patients so far. A question was asked if this is an opt-in or opt-out system. The response was that if they signed up for Medicaid, then they have agreed to the Smart Alerts. • They are currently receiving ADT's from 21 hospitals, and another 15 hospitals should be connected and sending ADT's by early June. Four ACO's are receiving alerts including Broadlawns, Unity Point, Iowa Health + and The University of Iowa Health Alliance. Mercy currently in process and should be receiving them by early June. There have been 1,189 total alerts for Medicaid patient who had an event outside of their assigned ACO in April. • The alerts are a daily file that is sent to the ACO, and alerts are only going to providers that have a BAA (Business Associate Agreement) with IME in place. • ICA is the vendor providing SWAN services to the delivery system- they could come speak to the Council on SWAN if interested. • Kelsey Clark mentioned that the Integrated Health Homes would be an excellent population for SWAN. • Future plans include working to develop a plan to implement the SWAN alerts in the C3 communities and continue to connect all hospitals in Iowa as the long-term plan and to expand to a greater population then only Medicaid patients.
Community-Based Performance Improvement *Gloria Vermie & Jeff McKinney* *PowerPoint:* *SIM- Community-Based Performance Improvement PPT*	• The Iowa Department of Public Health (IDPH) has contracted with the Iowa Healthcare Collaborative (IHC) to provide technical assistance to Iowa's C3s communities in the form of training, communications, and Quality Improvement (QI) support services. This technical assistance will align and equip Iowa communities to improve quality, safety, and value by positioning themselves as high-performers under value-based reimbursement. Community-Based Performance Improvement builds off of the statewide population health strategies and the need for providers to improve in-care coordination and value-based purchasing models (see statewide strategies grid). • Further information was given on the C3 initiative. C3's address population health needs by coordinating local resources. This is "Population-based, Community-applied". They promote alignment of health and social needs by focusing on social determinants of health and address access and utilization barriers (i.e. transportation, housing, health literacy, access to food, lack of a primary care attribution, and medication access) • A menu of technical assistance opportunities are available including: ○ **SIMplify**: a web-based communication platform, facilitating information exchange throughout the Iowa SIM community. ○ **SIMplify Tools**: a readily accessible resource library for all C3 participants, with material pertinent to C3 program iniatitives. ○ **SIMplify Data**: a data collection and reporting system, centralizing access to C3

	project reporting metrics. ○ **SIMplify News**: a monthly spotlight of notable SIM-related news, resources, and events. Click here to sign up. ○ **SIMplify Forum**: a multi-point videoconference event series, featuring a panel of subject-matter experts discussing pertinent issues throughout the SIM's network of C3s. ○ **SIMplify Learning**: educational provisions in hands-on, conference style, and webinar formats. ○ **SIMplify Consulting**: in-person technical assistance. • A SIMplify Forum will be held on Thursday, June 30th at 10:00 am. The SIMplify Forum series is a free, interactive, virtual sit-down with a panel of experts who help with complex cases. This session will bring education, treatment and case care management for people with diabetes with a behavioral health diagnosis. For more information: http://www.ihconline.org/aspx/general/page.aspx?pid=228 • Save the Date- SIM Learning Communities will be July 12th, 2016 and November 8th, 2016.
Iowa Medicaid Modernization *Lindsay Buechel* *PowerPoint: Iowa Medicaid Program Updates PPT*	• Newly eligible Medicaid members will be tentatively assigned to a Managed Care Organization (MCO) in their enrollment packet which is based on an algorithm to keep family members together. Members will still have a choice period end date to select a particular MCO for their IA Health Link enrollment date. • Members will have 90 days from their enrollment date to change their MCO for any reason. After these 90 days, they will still be able to change for "Good Cause" reason. Members will also have an annual choice period to select an MCO, based on their DHS annual application renewal date. If the member does not change their MCO at that time, they will remain with their previous MCO. • All Medicaid eligible members will be considered Fee-for-Services (FFS) in their first- to second- month of receiving benefits. During this time, Iowa Medicaid will assist members and handle billing claims directly. • Members who will be transitioning to managed care will receive their MCO enrollment information in the first- to second- month of their enrollment with Iowa Medicaid. • Slide 4 lists the IA Health Link Enrollment Cut-Off Dates for 2016. • View the Managed Care Member ID Cards for each of the 3 MCO's here: Sample ID Card. If a member doesn't have their Managed Care Member ID Cards, they can still use their Medicaid ID number. • The Managed Care Quick Reference Guide was given as a handout and is a useful tool for providers. • While each MCO has signed a number of the out-of-state providers that are currently enrolled in Medicaid, others have indicated that they will only serve members in the future through single case agreements. It is important to remember that: ○ The member will never be forced to pay out-of-pocket for an Iowa Medicaid provider. The provider may accept the out-of-network rate from the MCO, or choose not to see the patient. ○ Members can be billed from providers who are not participating with the MCOs or Medicaid. The provider must notify that they will pay out-of-pocket prior to services, or the provider may choose not to see the patient. • IME administers the Medicaid program for all non-MCO eligible members and is responsible for services rendered by: ○ Dental for Medicaid members ○ Local Education Agencies (LEAs) ○ Area Education Agencies (AEAs) • Prior Authorizations (PAs) with the MCOs are required. ○ For the first year, existing PAs at the time of the member enrollment shall be honored for the **first 90 days** or as otherwise designated in the contract.

	○ After the first year, existing PAs at the time of the member enrollment shall be honored for the **first 30 days** or as otherwise designated in the contract. ○ Claims shall be paid by the MCO within the timeframes designated in the MCO contracts. • IME has put together a PA Summary Chart where you can quickly view and compare PA requirements for each plan. • There are contractual requirements for MCOs to process PAs within 7 calendar days or 3 business days for expedited authorizations and within 24 hours for pharmacy PAs. • All in-state and out-of-state providers must enroll with IME prior to enrollment with an MCO. IME Provider Services continues the IME provider enrollment process. Providers that are already enrolled with the IME do not need to enroll again. IME is encouraging providers to enroll with all 3 MCOs. • Discussion took place on churning from one MCO to another. The main reason members switch MCOs is because of provider access and this is a "good cause" reason. • Bill Stumpf commented that there are now 3 different systems and many providers do not have the resources to manage the administrative workload- he suggested centralized provider enrollment. • A suggestion was made that IME make available data on the average length of a PA for each MCO. • Marsha Collins made a suggestion that there be a standardized prior authorization form for all 3 MCOs. • Molly Lopez, Executive Director of the Iowa Chiropractic Society, commended IME for connecting the MCOs with their organization. • Katie McBurney from IDPH commented that when a member is granted presumptively eligible for Medicaid, it has taken 3-4 days to get their medications. • Judith Collins commented about individuals with mental illness, particularly veterans with PTSD, ending up in jail and having an increased risk of suicide. She mentioned mental health courts are now focusing on treatment rather than incarceration.
Iowa Health Insurance Marketplace Outreach & Education *Sarah Dixon* *PowerPoint: Marketplace Outreach and Enrollment PPT*	• Current enrollment numbers for Iowa's Health Insurance Marketplace are: ○ 8,968 in Polk County ○ 55,089 in Iowa ○ 12.7M nationally • There are still close to 180,000 estimated to be uninsured in Iowa. With the expansion of Medicaid, the availability of tax credits, and requirements for businesses to offer insurance this should not be the case. Tens of thousands are passing up free or low-cost coverage, because they are simply unaware of the options available to them. • More than 7 in 10 wanted in-person help heading into open enrollment period 3, which shows that people really do want in-person assistance, even if they are younger. • Of the 55,089 enrolled in Iowa, the average monthly Advanced Premium Tax Credit (APTC) was $303 and the average monthly premium was $122. There were 41% new enrollees and 13,756 were eligible for Medicaid/CHIP • Of the 55,089 enrollees: ○ 32,738 consumers re-enrolled into QHPs ○ 31% switched plans ○ 70% consumers selected Silver level plans ○ 85% received financial assistance ○ 51% received Cost Sharing Reduction (CSR) ○ 26% of enrollees were young adults (age 18-34) ○ The largest enrollment group were pre-retirees (age 55-64) • United Healthcare has announced that they plan to leave the Marketplace in several states, including Iowa. Consumers who are currently enrolled in a United Healthcare plan through the Marketplace will remain in that coverage through the end of this calendar year (December 31, 2016) assuming that they continue to fulfill their

	obligations to the plan, such as paying their monthly premiums. Consumers enrolled with United will receive notices that will provide direction for what consumers need to do to choose a new plan for the 2017 coverage year. The CMS regional office plans to do outreach, including news interviews, phone banks, and grass roots education with partners on educating those affected by this transition. • Wellmark has announced that they plan to join the Health Insurance Marketplace for open enrollment 4. • Enroll Iowa is a statewide coalition of Certified Application Counselors, Navigators, and other assisters that promote awareness about coverage options and in-person assistance. Volunteers are welcome- Please contact the Iowa PCA (sdixon@iowapca.org) if you are interested in joining. • A question was asked about Iowa data for each open enrollment (OE) period: ○ OE 1: **29,163** ○ OE 2: **45,162** ○ OE 3: **55,089** • Open Enrollment for 2017 will run from November 1, 2016 to January 31, 2017.
Legislative Update and Discussion *Deborah Thompson* *Handout:* *Legislative Update 2016*	• The Council's recommendation to "support enabling legislation to allow Local Boards of Health to voluntarily enter into larger regional units or other innovative arrangements in order to provide improved services to their residence" has passed the legislature unanimously and was signed by the Governor on March 24, 2016. • The Council's recommendation to "support fully funding Iowa's Rural Primary Care Loan Repayment Program" received status quo funding for fiscal year 2017. • The Council's recommendation to "support IDPH's evaluation of their health workforce development programs…"-An initial evaluation is almost complete. • Other topics that the Council may be interested in from this session include: ○ Anti-Opioid Abuse Bill ○ Behavioral Health Disclosure for Patient Care Coordination ○ Meningococcal Immunization Requirement ▪ Discussion took place around immunization exemption. A question was asked about the current percentage of Iowa children not vaccinated: ▪ The percent of Iowa children K-12 that are not immunized for the 2015-16 school year is 4.58%. Iowa exemption rates are consistent with national data, 2014-15. ○ Median exemption rate (medical, religious, philosophical): ▪ Iowa 1.68% K-12 National 1.7%, (Range 0.1 – 6.5%) ○ Medical exemption rate: ▪ Iowa 0.38% K-12 National 0.2%, (Range 0.1 - 1.3%) ○ Religious exemption rate: ▪ Iowa 1.30% K-12 National 1.5% (Range 0.5 – 6.2%) ▪ All states allow for medical exemptions, 5 states do not allow religious exemptions, 18 allowed philosophical exemptions, and three (California, Mississippi and West Virginia) do not allow exemptions for religious or philosophic reasons. Iowa law allows for medical and religious exemptions. ○ Psychology Prescribing Bill ○ Telepharmacy Bill ○ Medical Cannabis ○ Medicaid Program Oversight ▪ **Not included** in the final negotiations of the bill was the directive for the Patient-Centered Health Advisory Council to assess the health resources and infrastructure of the state to recommend more appropriate alignment with changes in health care delivery and the integrated, holistic, population health-based approach to health and health care. The Council would also be required to assist in efforts to evaluate the health workforce to inform policymaking and

	resource allocation. A reporting requirement was also included.
Council Recommendations & Issue Briefs *Handout:* *Patient-Centered Health Advisory Council Recommendations*	• The Council reviewed the recommendations and voted for approval. Dr. Carlyle proposed an amendment to add a third recommendation under "Medicaid Managed Care" to support the establishment of a Medicaid managed care ombudsman position. John Swegle motioned for approval of this amendment and all Council members were in favor. Linda Meyers motioned for approval of all of the recommendations including this amendment and all Council members were in favor, making the recommendations final. • A draft issue brief was distributed on "Population-Based Health Care". The issue brief is being developed as an educational tool for the public and stakeholders as an emerging health care transformation topic. The draft will be sent to Council members for a comment period followed by an electronic vote for approval with the goal of it being final by July, 2016.
Public Comment	• Dr. Reiter mentioned two books about veterans that were very impactful: ○ "The Good Soldiers" by David Finkel (non-fiction) ○ "Preparation for the Next Life" by Atticus Lish (fiction)
Topic Planning for Next Meeting	The Council determined that the August meeting will have a theme of "Population Health" and agenda items may include: • Community Health Needs Assessment/Health Improvement Plan (CHNA/HIP) • Healthy Iowans • Medicare Access & CHIP Reauthorization Act of 2015 (MACRA) ○ Merit-Based Incentive Payment System (MIPS) & Alternative Payment Models (APMs) • Health and All Policy • MCO Panel
The next meeting is August, 12th, 9:30 – 3:00 at the Iowa Hospital Association	

2016 Meeting Schedule

- **Friday, August 12th, 2016- Iowa Hospital Association**
- **Friday, November 4th, 2016- Iowa Hospital Association**